Case:17-03283-LTS Doc#:18555-1 Filed:10/19/21 Entered:10/19/21 09:24:21 Desc: Pro se Notices of Participation Page 1 of 28

Participant must provide all of the information below in English: Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: REINA Eugenia #200 KA VIVA de Torri HOY Gusymbo P.R 00969-3343 Participant's Address: Participant's Email Address: pmcampo amor Qyahoo. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. GOE NO. 17-BK 3283 (LTS) Claim Number: Beneficial Owners of Bunds with a CUSIP Appearius Nature of Claim: (1) CUSIP # 29216 M8P4 Deverp # 292 16 HAFT By: 3 CUSIP # 29216 HACH Signature Patricia HENDEZ CAMPORIMON Print Name Individua Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if anv:

== 1::- / s
Participant's Name: Manuel De Jesús
Participant's Address: HC-01 BOX 4616, Juana Diaz P.B.
Participant's Email Address: beny 01 a hotmail. com - (hijo)
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
Ву:
Signature
Print Name
Title (if Participant is not an individual)
Date



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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	*		10	17
Participant's Name:	Jaydie A. G	nonzákz (Morales	
Participant's Address:	6/Symnut		Portiac Mi	chigan, 48342
Participant's Email Address:	Jaydiegonzole	z@gmail.	com	
Name of Counsel:				
Address of Counsel:				2 4
Email Address of Counsel:				
2. Participant's C	Claim number and t	he nature of F	Participant's Cla	im:
Claim Number:				
Nature of Claim:		- 12 - 1h		
By: Signature	alex)			
Jaydie A. Gonz Print Name	alez plovale	08		
Printiname				
Title (if Participant is	not an individual)			
10/Octabre/	2021			

SEND PAYMENTS TO

P.O. Box 2970, Omaha, NE 68103-2970

Phone: 888.486.4722

Call Center: 8 a.m. to 10 p.m. (ET) Monday - Friday

Email: Help@Nelnet.net Online: Nelnet.com

Log In to Your Neinet.com Account

With your online account you have 24/7 access to:

- View your account summary
- Make a payment
- Sign up for auto debit payments
- Explore options to lower or postpone your payments

The Simple Way to Pay

Sign up to make automatic monthly payments from your bank account. Log in to Nelnet.com to sign up.

Special Payment Instructions

You have the option to direct your payments (including partial payments) to individual loans or loan groups, as a one-time or recurring special payment instruction. Please refer to the Special Payment Instructions section on the back side of this statement for more details.

>002479 9246899 0001 00A167 10Z MORAL GONZALEZ HC 55 BOX 9055 CEIBA, PR 00735-9634

վակալ նառանիկ իրի հայ կումանի արինակին ին նաև վին

Your Student Loan Account Details for This Month's Billing Cycle

Account Statement Date	- 8/7/2019
Current Balance	\$6,070.34
Regular Monthly Payment Amount	\$0.00
Amount Already Paid for This Month	- \$0.00
Past Due Amount (if applicable)	+ \$0.00
Current Amount Due	\$0.00

While not required, you may continue making monthly payments even if no payment is due, as interest continues to accrue. Eligibility for certain benefits may also require monthly payments. Otherwise, your next payment is due on 9/28/2019. You can also avoid extra costs by paying more than your current amount due to cover the amount of any outstanding fees (if applicable). For more information, see the Fees section on the last page of this

Current Statement Due Date

8/28/2019

If payment is not received by 9/12/2019, late fees may begin to be assessed. See the Penalty for Late Payments section in the Account Snapshot, Returned payments may be assessed a \$5 fee

K	lant:	ı
Email	lant: : jaydregonzale	zagmail.cor

Current Amount Due \$0.00	CEIBA, PR 00735-9634
Current Statement Due Date 8/28/2019	MORAL GONZALEZ HC 55 BOX 9055
Account D048661946	•
Amount Enclosed \$,	Check this box for change of contact information or if you have special payment instructions. See reverse side. New address or phone number? Log into Neinet.com to update your information.
MAKE CHECKS PAYABLE (IN U.S. DOLLARS) TO: NELNET Payments returned due to non-sufficient funds may be re-attempted.	Please detach and send the bottom portion with your payme
	s about your payment amount? See the Payments section on the bac



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Navient Servicios De Garatizador P 0 BOX 9570 WILKES BARRE PA 18773-9570 loansolutions.usafunds.org





JAYDIE GONZALEZ MORAL HC 55 BOX 9055 CEIBA PR 00735-9634

JANUARY 31, 2017

Financiera/Servidor: Navient Solutions, Inc. PO Box 9500 Wilkes-Barre PA 18773-9500 888-272-5543

Numero de Cuenta

Estimado JAYDIE GONZALEZ MORAL:

Su(s) préstamo(s) estudiantil(es) se encuentra(n) en morosidad. Su financiera, Soluciones Navient, ha enviado su préstamo(s) al garantizador para su desembolso.

El pago pendiente del balance en su préstamo vence inmediatamente.

Si Ud. no paga el monto total pendiente o hace otros arreglos apropiados, Ud. podría hacer frente a acciones adicionales de colección.

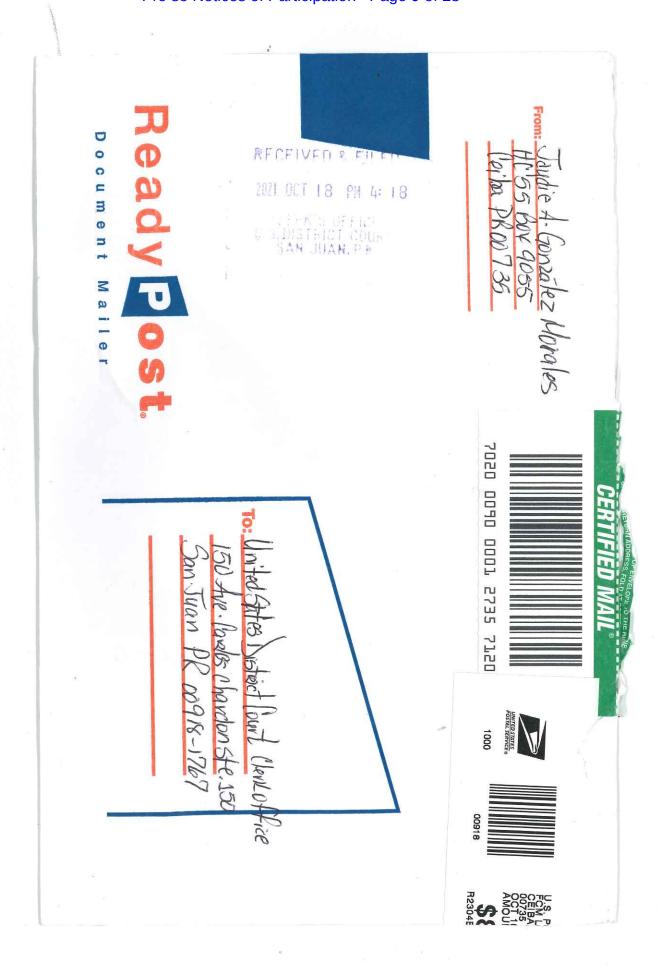
Esto es lo que podría suceder si el garantizador de su préstamo estudiantil compra su préstamo:

- Ud. no calificaría para hacer préstamos adicionales para comprar una casa, auto, o continuar su educación.
- * Una parte su cheque del pago de su sueldo podría ser utilizada para cubrir el pago de este prestamo.
- * El cheque de reembolso de impuestos podría ser utilizado para cubrir el pago de este préstamo.
- * Se le recargaría un 25% del total de préstamo para cubrir gastos de colección.
- * El interés acumulado diariamente se añadirá a su deuda.

Recuerde: Si Ud. no califica para un diferimiento o prórroga, todavía existiría la posibilidad de procesar estos documentos. Llame hoy mismo a Soluciones Navient.

Leyes Federales requieren que se le informe que este es un intento de t colectar una deuda, cualquier información recibida será utilizada con ese propósito.





SRF 55335

RECEIVED & FILED Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,
if any:	AN JULY COUR
Participant's Name:	Langl, Gardner + Charles M. 580 Little River Path
Participant's Address:	580 Little River Path
Participant's Email Address:	C Cardner 19610 ADI.
Name of Counsel:	MA
Address of Counsel:	
Email Address of Counsel:	
2. Participant's 0	Claim number and the nature of Participant's Claim:
Claim Number:	17-03283-LTS 17 BK 3283 LTS
Nature of Claim:	745220016 25 DOO PRBOND SPLTAY
By: Land L. Signature	erder 12 4 10 1-1-18
0	-dner
Print Name	
Carlo and and a second	
Title (if Participant is	not an individual)
10 10 2 Date	
Date	



P.O. BOX 2011 LAKEWOOD, NJ 08701 SUPPLEMENTAL NOTICE
SECURITY DESCRIPTION: PUERTO RICO INFRASTRUCTURE

CUSIP#: ACCOUNT#: 745220DY6

QUANTITY:

25,000

10/01/21

Dear Client:

We have been requested to forward you the enclosed material in regard to an extension deadline of October 18, 2021. If you have any questions, please contact your Financial Institution directly.

FOR INFORMATION CALL: YOUR FINANCIAL ADVISOR

(877) 653-4732

JOB NUMBER: E26780 3PU

CONTROL#: 9857306899991495



P.O. BOX 2011 LAKEWOOD, NJ 08701



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12 OCT 2021 PM 2





Case:17-03283-LTS Doc#:18555-1 Filed:10/19/21 Entered:10/19/21 09:24:21 Desc Pro se Notices of Participation Page 13 of 28

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Naria C. MiraWda 18 Jendez
Participant's Address: Urb Las Delicias zda Sección 3488 Participant's Address: Josefins Mall Ponce PR 00728
Participant's Email Address: flix torres @ yahos rom
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 53922
Nature of Claim: 17 BK 32-83-LTS
By: Mem Churchaf.
Signature Maria C. Miranda Mondez
Print Name
×
Title (if Participant is not an individual)
Date gosto ZOZI
Date

2021 OCT 18 PM 4: 35 LERK'S OFFICE DISTRICT COUR SAN JUAN. PR

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ida sección 3458

Office. 150 Ave. Carlos Chardon Ste.

Inited States District Court, Clerk's

50 Ave San Juan, P. R. 00918-1767.

00907-201599

Case:17-03283-LTS Doc#:18555-1 Filed:10/19/21 Entered:10/19/21 09:24:21 Pro se Notices of Participation Page 15 of 28

Participant must provide all of the information below in English:

1.	Participant's contact information, including email address, and that of its counsel,
	if any: 2021 ACT 18 PM 4: 36
Participant's N	Name: Joage Loriel Com Buggs
Participant's A	Address: P.O. BOX 1647 A STRAWA DIAZ P.R.OOT.
Participant's I	Email Address: Jonge Kriel Cruz Burges @ 9 mail
Name of Cour	nsel:
Address of Co	ounsel:
Email Addres	s of Counsel:
2.	Participant's Claim number and the nature of Participant's Claim:
Claim Numbe	No. 17 BK 3283-LTS
Nature of Cla	im: No. 17 BK 3283-LTS THE Engloyees Retirement System.
Ву:	Touce Bril Cus Bruge
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7	orge Liel Cruz Burges
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Title (if Participant is not an individual)
	8/20/21
Date	

endimilialinalihalihalihalihali. . . · 000 Box 164) THE DIAS P.R. 00795 Anil Cruz Burges 665021-81500 To: Discovery Notice to the Courtis INITED STATES District COUNT MISIAMERICA OFFICE PRINCIPLE CHARLON STY AN JUAN P.R. 00918-1767 click's OFFice at

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Mariano Morales San Tana Participant's Name: Urb. Las Vegas 0-3 Calles Cataro PRO0962 Participant's Address: Participant's Email Address: Mariano Morales 793 @ Gmail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: 17 BK 3283-LTS ACCUMULATED RETIFEMENT CONTRIBUTIONS Nature of Claim: By: marian Signature Mariano Morales Santana Print Name Title (if Participant is not an individual) September 24, 2021 Date

> RECEIVED & FILED 2021 OCT 18 J.S. DISTRICT COURSAN JUAN. P. R. 6666\$81600 nen 8 th 00918-1767 050 150 are Corlo Charlon とのではなり、大学の AMERICAN CONTRACTOR CO ACTIVITY TA 380

Case:17-03283-LTS Doc#:18555-1 Filed:10/19/21 Entered:10/19/21 09:24:21 Desc Pro se Notices of Participation Page 19 of 28

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.		The Toler
Participant's Name:	Maria Enil Valleyo Go	rdian Es
Participant's Address:	Jardones de San Lorenza	A-7 calle 2 San Lorenza P
Participant's Email Address	: vallejegm @ gmail com	
Name of Counsel:	None	
Address of Counsel:	None	
Email Address of Counsel:	Mme	
2. Participant's	Claim number and the nature of	Participant's Claim:
Claim Number:	50599	
Nature of Claim:	General Unsecured	(Punsion)
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Signature	11 0 1	
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Title (if Participant	s not an individual)	
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San Juan P.R. 80918-1767



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Miriam M NazaRid Morih
Participant's Address: POBOX13 Mercedita & ROOM
Participant's Email Address: mirinaza@yahod wow
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 B K 3 2 8 3 - L T S
Nature of Claim: Lont accept my pension
By: Miriam V Hazario Morin
Signature
Print Name
Miriam M. Hazario Morin
Title (if Participant is not an individual)
Heacher (Moster's Jegree)
Date & 10ct /2021

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Case:17-03283-LTS Doc#:18555-1 Filed:10/19/21 Entered:10/19/21 09:24:21 Desc Pro se Notices of Participation Page 23 of 28

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

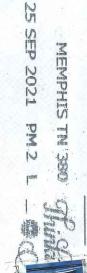
if any: Michelle Vázquez Olivien Participant's Name: Glenview Gardens Au Calle Escocia Ponce : PR Participant's Address: Participant's Email Address: michel kmvazquez @ hot mail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283-LTS Promesa Title III Nature of Claim: Hichelle Vosques Olivien Title (if Participant is not an individual) 16/ Septiemme /soy

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EC
Participant must provide all of the information below in English: 27 18
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: <u>Israel Reyes Rivera</u>
Participant's Address: P.O. Box 1435 Dorado, P.R. 00646-1435.
Participant's Email Address: 15rae reyes. 122469@yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: #1/5222
Nature of Claim: Retirements Funds of # 75,000: Not to b
By: touch on used for BANKRUPTCU
Nature of Claim: Retirements Funds of # 75,000° Not to b By: Signature CASE # 17 BK 3283-LTS
Print Name Print Name
ans — 's parish a color
Title (if Participant is not an individual)
Oct. 11, 2021.
Date

Case;17-03283-LTS / Doc#:18555-1 Filed:10/19/21 Entered:10/19/21 09:24:21 Desc: From: Israel Reyes
P.O. Box 1435 Prose Notices of Participation Page 26 of 28 Dorado, P.R. 00646-1435.





To: Discovery Notice to the Court's Clerk's United States District Court, Clerk's Office 150 Ave. CARlos Chardon Ste. 150 SAN JUAN, PURATO RICO. 00918-1767.

Participant must provide all of the information below in English:

1.	Participant's if any:	contact information, including email address, and that of its co	unsel,
Participant's 1	Name:	LILLIANIL TORRES OPRACE	9_
Participant's A	Address:	COLUMBUS SA 31907	
Participant's I	Email Address	: lilliautorresorraca@gmail.com	7
Name of Cou	nsel:	N/A	
Address of Co	ounsel:	N/A	
Email Addres	s of Counsel:	N/D	
2.	Participant's	Claim number and the nature of Participant's Claim:	
Claim Numbe		176310	
Nature of Clai	m:	LAW89-1979 UNIFORM RETRIBUTION	ON
By: feff	liapyou	es/hueg	
Signati	11		
Print N		RRESUPRACA	
A de la la	tarric .		
Title (i	f Participant is	s not an individual)	
On	takes 1	14 2021	
Date	7-00-1	7,000	

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